MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00453

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lompkinsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lompkinsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Boarman
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH: Nov. 1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Chas. Co., Md
12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME: John R. Boarman
14. MOTHER'S MAIDEN NAME: Mary F. Boarman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Edward A. Boarman, Lompkinsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 minutes

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 years

(c) Generalize senility — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1950, to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 9:50 AM m., from the causes and on the date stated above.

SIGNATURE: A. Woodley (Degree or title) MD — ADDRESS: La Plata, Md. — DATE SIGNED: 20 Jan 52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/23/52 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue, Md.

DATE REC'D BY LOCAL REG.: 1/22/52 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Huntt & Ryon, Waldorf, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00454

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Chas. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Russell (Last) Bowie

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1898

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Chas. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Maximillion Bowie

14. MOTHER'S MAIDEN NAME: Maggie Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs. Mary Bowie, Pisgah, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset and Death: 5 min

Antecedent cause(s) 540.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease — 6 mos.

(c) Bilateral Lobar Pneumonia — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. d. Perforated gastric Ulcer (Benign) c Localized Peritonitis — 2 weeks

19a. DATE OF OPERATION: 1-2-52

19b. MAJOR FINDINGS OF OPERATION: Perforated gastric Ulcer (Benign) c Localized Peritonitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 1951, to Jan. 3, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Farron Jarboe M.D. LaPlata, Md. 1-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1/6/52

NAME OF CEMETERY OR CREMATORY: Nanjemoy

LOCATION (City, town, or county) (State): Pisgah, Md.

DATE REC'D BY LOCAL REG.: 1/3/52

REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: Huntt & Ryon, Waldorf, Md.

RECEIVED
JAN 7 1952
BUREAU V. S.

Item 9 Film G139 1/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00455

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Part Tobacco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Part Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) Edelen (Last) BURCH

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 11, 1958

9. AGE last birthday: 93 95 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Burch

14. MOTHER'S MAIDEN NAME: Maria Edelen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Joseph S. Burch, Part Tobacco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 1-12-52

493X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1950, to 1-15, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at VA m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. J. Edelen M.D. ADDRESS Leonardtown, Md. DATE SIGNED 1-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 1/18/52 — NAME OF CEMETERY OR CREMATORY St. Thomas — LOCATION (City, town, or county) (State) Bel Alton, Md

DATE REC'D BY LOCAL REG. 1/17/52 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS Hunter & Ryon, Waldorf, Md.

RECEIVED
JAN 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00456

Reg. Dist. No. 102

1. PLACE OF DEATH

County: Charles

City or town: Grayton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Grayton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Andrew Carter

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife: Maggie Carter

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.): Feb 2 1874

8. AGE: Years: 77 | Months | Days | If less than one day: ...hrs. ...min.

9. Birthplace: Nanjemoy Charles Co. Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General

FATHER

12. Name: Robert Carter

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: ?

15. Birthplace: Charles Co. Md.

16. Informant: George Carter

Address: Grayton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 12/52 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Riverdale Md

18. Funeral director: Hunter & Ryan

Address: Waldorf Md.

19. 52 Jan 11 1952 (Date rec'd by registrar) C. V. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 9 19 52 at 7 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 19 52 to ... 19 ...

and that I last saw him alive on Jan 9 19 52

Immediate cause of death: Bronchial Pneumonia. — DURATION

Due to:

Due to:

Other conditions: 491X

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: Geo. C. Bicknell Jr. M. D. or other

Address: Waldorf Md. Date signed: Jan 10 52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK—Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00457

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Mason Springs) — LENGTH OF STAY in this place: 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Mason Springs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ann	Chase	Jan.	31	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	Oct. 29 1917	yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Infant		Mason Springs, Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Collins Stuckey	Milo Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Milo Chase, Pisgah, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Enteritis, acute	1 day
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Indian Head, Md.	1-31-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/1/52	Smith Chapel Methodist	Pisgah	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/52	Mary Sutherland	Collins Stuckey	Pisgah, Md

400 1182404

RECEIVED
DEC 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00458

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emanuel (Middle) Mudd (Last) COMPTON

4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 8 1907
9. AGE last birthday 44 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin B. Compton
14. MOTHER'S MAIDEN NAME Carrie G. Brogner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-05-8380
17. INFORMANT AND ADDRESS Calvin Compton, Port Tobacco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3½ hrs.
153X Antecedent cause(s)	(b) Peritonitis secondary to a	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) ruptured viscus (Sigmoid)	10 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, sigmoid.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1952, to 12 Jan, 1952, that I last saw the deceased alive on 12 Jan, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE J. C. Weddy (Degree or title) A.B., M.D. ADDRESS La Plata, Md. DATE SIGNED 15 Jan '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/15/52
NAME OF CEMETERY OR CREMATORY Pisgah ME
LOCATION (City, town, or county) (State) Pisgah, Md.

DATE REC'D BY LOCAL REG. 1/15/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Rym, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JAN 17 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00459

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles. (Middle) (Last) DIGGS. Jr.

4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1952

5. SEX M.

6. COLOR OR RACE Negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH April 1876

9. AGE last birthday 75 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm

10b. KIND OF BUSINESS OR INDUSTRY Tenant

11. BIRTHPLACE (State or foreign country) Charles Co. Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Charles Diggs Sr.

14. MOTHER'S MAIDEN NAME Millie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Susie E. Diggs, Popes Creek, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive failure.	4 years.
23x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic heart disease	20 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthrosclerosis	3 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to January, 1952, that I last saw the deceased alive on 6 January, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS La Plata. DATE SIGNED 15 Jan '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/16/52

NAME OF CEMETERY OR CREMATORY St. Thomas

LOCATION (City, town, or county) (State) Bel Alton, Md

DATE REC'D BY LOCAL REG. 1/16/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

RECEIVED
JAN 17 1952
BUREAU V. S.

Item 8 FilmG 140 3/3/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1460

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Laura Henson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	married

6.(b) Name of husband or wife: Robert Henson

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept 5, 1893

8. AGE:

Years	Months	Days	If less than one day
58	—		hrs. min.

9. Birthplace: Prince George Co. Md (Town, county, and State)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: John Duckett

13. Birthplace: Prince George Co. Md

MOTHER

14. Maiden name: Martha ?

15. Birthplace: Prince George Co. Md

16. Informant: Robert Henson

Address: Indian Head Md

17. Burial (Burial, cremation, or removal—which?) Date thereof 1/31/52 (month, day, year)

Cemetery or crematory: Pomonkey Methodist

Location: Pomonkey Md

18. Funeral director: Stanley Penn

Address: Mason Springs Md

19. 1/28 1952 Odey Price

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 27 1952 at 9 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to Jan 1952

and that I last saw h alive on Jan 16 1952

Immediate cause of death	DURATION
(a) Cardiac Dilatation	
Due to (b) Arterial Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D.

M. D. or Other

Address: Marlboro Md Date signed Jan 28 52

RECEIVED
FEB 11 1952
BUREAU U. S.

Item 21 Film G139 2-15-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

96461

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
LENGTH OF STAY (In this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Walton's Market

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Address 8901 New Fort Rd
STREET ADDRESS (If rural, give location) Washington 20 D.C.

3. NAME OF DECEASED (Type or Print) (First) Vincent (Middle) (Last) Lewis
4. DATE OF DEATH (Month) January (Day) 26 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 16, 1932
9. AGE last birthday 19 yrs. If under 1 year: Months | Days; If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction Work
11. BIRTHPLACE (State or foreign country) Robertson County N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Lewis
14. MOTHER'S MAIDEN NAME Alice Townshend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO. 579-40-2353
17. INFORMANT AND ADDRESS John Lewis 7112 Allentown Rd. Wash 20 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

983X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Field near
(CITY OR TOWN) Bryans Road (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) January 26 1952 123-AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Assault. (2-15-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ✓, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 1-26-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2-1-52 NAME OF CEMETERY OR CREMATORY Wood Green LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1-26-52 REGISTRAR'S SIGNATURE Mayme E. Ransome Deputy Local Registrar
24. FUNERAL DIRECTOR Johnson + Jenkins ADDRESS 2053 Ave N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 11 1952
U. S.

Item 3 Film 139 2/3/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00463

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brayton
LENGTH OF STAY (in this place): 18 Mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nanjemoy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James William (Middle) McKeown, (Last) Sr.

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/28/~~71~~ 70

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Baking Co.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Matthew McKeown

14. MOTHER'S MAIDEN NAME: Mary Ellen Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 579-14-5430A

17. INFORMANT AND ADDRESS: James McKeown Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Two Years
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Malignant	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

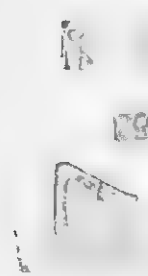
22. I hereby certify that I attended the deceased from Sept 1, 1951, to 1/22/52, 19....., that I last saw the deceased alive on 1/22/52, 19....., and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE: James E. Andrews (Degree or title): MD. ADDRESS: Indian Head Md. DATE SIGNED: 1/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/25/52 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Alexandria Va.

DATE REC'D BY LOCAL REG.: 1-23-52 — REGISTRAR'S SIGNATURE: Adley Price

24. FUNERAL DIRECTOR ADDRESS: H. Demaine & Son Alex. Va.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00464

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf | LENGTH OF STAY (In this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	J.	Moran	Jan	2,	1952.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married		56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	my	W Va. D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Moran	Mary Cocklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW I		Edward Moran - Waldorf Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Apoplexia cerebri

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

334 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pt. in a complete coma when seen on the 1st of January 52 around 9 PM.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan., 19 52, to around 9 PM., 19 ..., that I last saw the deceased alive on 1 January, 19 52, and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Brandwein, M.D., Waldorf, Md, Jan 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/2/52		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-52	M. L. Mourer	Timothy Hanlon	Md

3831-Mg. Ave N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00465

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RAPHAEL (Middle) THOMAS (Last) OFFUTT

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28 1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Mdse.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome Offutt

14. MOTHER'S MAIDEN NAME: Ann Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs. Florence Offutt, White Plains, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1 Y - 18 D

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 19 51, to 1-8, 19 52, that I last saw the deceased alive on 1-8, 19 52, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE E. Redden (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 1-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 1/11/52 — NAME OF CEMETERY OR CREMATORY: St. Mary — LOCATION (City, town, or county) (State): Rockville, Md

DATE REC'D BY LOCAL REG. 1/10/52 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Hunter & Ryon, Waldorf, Md

RECEIVED
JAN 11 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

60466

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) O. (Last) Reed.
4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Apr. 26, 1866
9. AGE last birthday 85 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Samuel L. Ogle
14. MOTHER'S MAIDEN NAME Margaret Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Ruth Reed, Welcome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 days
4200 Antecedent cause(s)	(b) Arteriosclerotic, senile heart disease	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1948, to Jan 26, 1952, that I last saw the deceased alive on 26 Jan, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE S. Woodd (Degree or title) MD ADDRESS La Plata. DATE SIGNED 26 Jan 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/28/52
NAME OF CEMETERY OR CREMATORY Old Durham
LOCATION (City, town, or county) (State) Ironsides, Md

DATE REC'D BY LOCAL REG. 1/28/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf Md ADDRESS

RECEIVED
Jan. 31 1952
J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00467

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) M. (Last) Silas
4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 1864
9. AGE last birthday 87 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) St Marys Co
12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME Bennie Jackson
14. MOTHER'S MAIDEN NAME Mary Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Julia Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ...

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardites

422.2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardites

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Wayside (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Dec 23rd, 1914, that I last saw the deceased alive on Dec 14, 1952 and that death occurred at 1-1-22 m. from the causes and on the date stated above.

SIGNATURE Ernest Spencer Jr MD (Degree or title) ADDRESS Belaitou Md DATE SIGNED Jan 10 52

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 1-16-51 — NAME OF CEMETERY OR CREMATORY Shiloh M E — LOCATION (City, town, or county) Wayside (State) Md

DATE REC'D BY LOCAL REG. 1-15-52 — REGISTRAR'S SIGNATURE M. L. Moore — 24. FUNERAL DIRECTOR Hunt H Ryon — ADDRESS

2/5/52 Julia H. Pasey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00468

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Circle Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights.
STREET ADDRESS (If rural, give location) 67 Circle Ave.

3. NAME OF DECEASED (Type or Print) (First) Darlene (Middle) Yvonne (Last) Teel
4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 27, 1951
9. AGE last birthday yrs. If under 1 year Months 5 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Howard Lee Teel
14. MOTHER'S MAIDEN NAME Doris F. Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Howard L. Teel, Potomac Heights Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hydrocephalus — Interval Between Onset and Death: 5 months

752X Antecedent cause(s) (b) Bacterial Meningitis — occured 10 days after birth

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Jan 23, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 11 45A m., from the causes and on the date stated above.

SIGNATURE Frank G. Dawson L.D. (Degree or title) ADDRESS Indian Head. Md DATE SIGNED 1-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/26/52
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 1/23/52
REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 11th St S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00469

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMPSON (Middle) CATHERINE (Last)
4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1952

5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 3-30-82
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hswf.
10b. KIND OF BUSINESS OR INDUSTRY self
11. BIRTHPLACE (State or foreign country) 3-30-82 - Chas. Co.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Charles Hawkins
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS William Joseph Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1-11-52
4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen. Art. Sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 1-11-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 1/14/52 NAME OF CEMETERY OR CREMATORY St Mary LOCATION (City, town, or county) Newport (State) Md

DATE REC'D BY LOCAL REG. 1/14/52 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

PLEASE

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 4

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Romaine (Last) Wathen

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan 5 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Chef

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Watson

14. MOTHER'S MAIDEN NAME: Mary Josephine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mrs Anita R Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Apoplexy

442X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C.V.R. Dis. — Years

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 1/22, 1952, that I last saw the deceased alive on 1/21, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. J. Weber M.D. Waldorf Md. 1/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Jan 25 1952 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG. 1-24-52 — REGISTRAR'S SIGNATURE: M. L. Mowell

24. FUNERAL DIRECTOR: Smith & Ryon — ADDRESS: Waldorf Md

RECEIVED
FEB 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00471

Reg. Dist. No. 102

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata md
LENGTH OF STAY (in this place): 30y
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ruth Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	PHILLIP	SPENCER	YATES		1	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	C		1-27-26	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Naval Powder factory attendant		Charles Co., Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Felix Yates	Ceara Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WWII	220-16-4286	Mary Ann Yates wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Internal Hemorrhage	1-19-52
825.9 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Auto accident	1-19-52
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Mt Alton	Chas	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
1	19	52	10A		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Edelen	MD	La Plata Md.	1-19-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1/23/52	St Thomas	Bel Alton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/22/52	Julia A. Posey	Hewitt & Ryon	Hughesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 23 1952
BUREAU V. S.

Item 21 Film G142 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

00472

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doncaster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) N. (Last) Yountz

4. DATE OF DEATH (Month) Jan. (Day) 5 (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH June 5, 1889
9. AGE last birthday 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Perry Yountz
14. MOTHER'S MAIDEN NAME Betty Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Joseph Colvin Yountz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	12-26-51
819.4 Antecedent cause(s)	(b) auto accident & free	12-24-51
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) dislocation of hip	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Doncaster, Md. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-51 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Auto with fixed object. (4-22-52 ams)

22. I hereby certify that I attended the deceased from 12-24, 1951, to 1-5, 1952, that I last saw the deceased alive on 1-5, 1952, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE E. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 1-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/8/52
NAME OF CEMETERY OR CREMATORY Chicamuxen
LOCATION (City, town, or county) Chicamuxen, Md (State)

DATE REC'D BY LOCAL REG. 1/8/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
JAN 10 1952
BUREAU V. S.